

# GUARDIANSHIP AND/OR CONSERVATORSHIP OF AN ADULT

## YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- You want guardianship and/or conservatorship of an adult over age 17.
- The adult lives in Coconino County.
- The adult does not currently have a guardian or conservator, and there is no proceeding in another court to appoint one.

**Emergency or Temporary Guardianship and/or Conservatorship:** This packet is not designed for emergency or temporary guardianship and/or conservatorship. To get emergency or temporary orders, you should see an attorney because the court generally will not grant those requests without additional information not addressed in this packet.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

# INSTRUCTIONS

<b>1.</b>	<b>Who's "the ward"?</b>  You'll see this term in this packet. The ward is the person you want guardianship and/or conservatorship over.  The packet talks about the "proposed" ward and the "proposed" guardian and/or conservator. This means the court hasn't given you authority yet over that person. You are "proposing" to the court that you need that authority.
<b>2.</b>	<b>Decide if you want guardianship, conservatorship, or both</b>  Guardianship is parental authority.  Conservatorship is financial authority.  Learn more online at <a href="http://www.azbar.org/legalhelpandeducation/consumerbrochures/aguidetoguardianshipandconservatorship">http://www.azbar.org/legalhelpandeducation/consumerbrochures/aguidetoguardianshipandconservatorship</a> .
<b>3.</b>	<b>Decide if you want general or limited guardianship</b>  The court is required to encourage as much independence for the ward as possible. A "general guardian" has all the legal powers of a guardian. A "limited guardian" picks a limited set of powers. You can ask the court for a limited guardianship if it would meet the proposed ward's needs. See the Order to Guardian and/or Conservator form in this packet for a list of a guardian's powers and duties.
<b>4.</b>	<b>Decide if you want inpatient mental health care authority</b>  All guardians can consent to mental health care for the ward outside the hospital, including psychotropic medication. If you want the additional authority to consent to <i>inpatient</i> mental health care, you can ask for that in this packet.

<p><b>5.</b></p>	<p><b>Read the online training</b></p> <p>If you're asking for guardianship, take the guardianship training.</p> <p>If you're asking for conservatorship, take the conservatorship training.</p> <p>If you're asking for both, take both trainings.</p> <p>They're online at <a href="http://www.azcourts.gov/probate/Training.aspx">http://www.azcourts.gov/probate/Training.aspx</a>.</p>
<p><b>6.</b></p>	<p><b>Fill out these forms in this packet</b></p> <ul style="list-style-type: none"> <li>• Guardian/Conservator Cover Sheet</li> <li>• Probate Information Form</li> <li>• Notice Of Completing Training For Guardians And/Or Conservators</li> <li>• Affidavit Of Person To Be Appointed Guardian And/Or Conservator (Fill one out for person who's asking for guardianship and/or conservatorship)</li> <li>• Petition For Guardianship And/Or Conservatorship Of An Adult</li> <li>• Notice Of Hearing</li> <li>• Petitioner's Information Sheet To Court Investigator</li> <li>• Order Appointing A Guardian And/Or Conservator Of An Adult</li> <li>• Order To Guardian And/Or Conservator And Acknowledgment</li> <li>• Letters Of Guardianship And/Or Conservatorship And Acceptance Of Letters</li> </ul>

<p><b>7.</b></p>	<p><b>File them with the Court</b></p> <p>File the original and two copies. The Clerk will give you back your copies with the filing date stamped on them.</p> <p>Also file at the same time:</p> <ul style="list-style-type: none"> <li>• A copy of any court order giving you legal decision-making authority over the ward when the ward was a minor</li> <li>• The \$316 filing fee. The Clerk accepts cash, money orders, and cashier's checks payable to "Clerk of Superior Court". If you need help with the fee, see the Self-Help Center packet <i>Getting Help With a Filing Fee</i>.</li> </ul> <p>File in person or by mail. If you file by mail, include a self-addressed stamped envelope.</p> <p>Clerk of Superior Court 200 N. San Francisco St. Flagstaff, AZ 86001</p>
<p><b>8.</b></p>	<p><b>The Court will mail you the signed Notice Of Hearing, and the Order Appointing Attorney, Health Professional, and Court Investigator</b></p>
<p><b>9.</b></p>	<p><b>File the Health Professional's Report before the hearing</b></p> <p>The form is in this packet. Fill out the top of the form.</p> <p>Mail or hand-deliver it to the health professional at the address listed on the Order Appointing Attorney, Health Professional, and Court Investigator.</p> <p>If you're asking for inpatient mental health care authority, make sure the Report says that the ward needs inpatient mental health care.</p> <p>The health professional will deliver the completed Report to you.</p>

<p><b>10.</b></p>	<p><b>Notify people about the hearing</b></p> <p>See the <i>Instructions: Giving Notice Of The Hearing</i> in this packet to learn how to do this and who you have notify.</p>
<p><b>11.</b></p>	<p><b>File the Proof of Notice before the hearing</b></p> <p>It's in this packet.</p> <p>If you gave notice by Acceptance of Service, also file the signed Acceptance of Service.</p>
<p><b>12.</b></p>	<p><b>Go to the hearing</b></p> <p>Bring the following:</p> <ul style="list-style-type: none"> <li>• Any witnesses that may support your case</li> <li>• The original and three copies of any evidence that may support your case</li> <li>• A blank copy of the Order Appointing a Guardian and/or Conservator</li> </ul> <p>Be prepared to tell the judge why you think they should give you what you're asking for.</p> <p>Before the hearing, watch the video <i>How to Represent Yourself in Court</i> online at <a href="http://www.youtube.com/watch?v=SfSclA2BkCk">http://www.youtube.com/watch?v=SfSclA2BkCk</a> to learn about procedures in court.</p>
<p><b>13.</b></p>	<p><b>The Court will mail you the signed Orders</b></p> <p>If the judge grants your requests, the Court will mail you these Orders:</p> <ul style="list-style-type: none"> <li>• Order Appointing a Guardian and/or Conservator</li> <li>• Order to Guardian and/or Conservator and Acknowledgment</li> <li>• Letters of Guardianship and/or Conservatorship and Acceptance of Letters (unless bond was ordered, see below)</li> </ul> <p>Read each Order carefully, and make sure you understand everything they say.</p> <p>Call the Law Library if you have questions: 928-679-7540.</p>

<p><b>14.</b></p>	<p><b>If the Court ordered a bond, buy one and file the Proof of Bond</b></p> <p>The Order Appointing a Guardian and/or Conservator will say whether the court ordered a bond and for what amount.</p> <p>The Proof of Bond form is in this packet.</p> <p>Once you file the Proof of Bond, the Clerk will fill out and sign the Letters of Guardianship and/or Conservatorship and mail them to you.</p>
<p><b>15.</b></p>	<p><b>Get a “certified” copy of the Letters</b></p> <p>This is a special kind of copy you must have with you to show doctors, schools, etc. that the Court has appointed you guardian and/or conservator. You can get it from the Clerk for a fee.</p>
<p><b>16.</b></p>	<p><b>If the Court appoints you conservator, file the Inventory of Estate by 90 days after you’re appointed</b></p> <p>It’s in this packet.</p> <p>On the day you file it, also mail or hand-deliver a copy of it to each person you listed under “Certificate of Delivery” on the Inventory.</p>
<p><b>17.</b></p>	<p><b>If the Court orders you to, file a Conservatorship Estate Budget by 90 days after you’re appointed</b></p> <p>The Order Appointing a Guardian and/or Conservator will say whether the court ordered you to do this and where to find it.</p>

<p><b>18.</b></p>	<p><b>If the Court orders a restricted account, get one and file the Proof of Restricted Account by 30 days after you're appointed</b></p> <p>Take these things to a bank or other financial institution:</p> <ul style="list-style-type: none"> <li>• The blank Proof of Restricted Account form (It's in this packet.)</li> <li>• The money to put into the account, or the account number of the account you need to restrict</li> <li>• Your certified copy of the Letters of Guardianship and/or Conservatorship</li> <li>• A copy of the Order Appointing a Guardian and/or Conservator</li> </ul> <p>Name the account like this: "The estate of &lt;ward's name&gt;, ward, by &lt;conservator's name&gt;, conservator". For example: "The estate of John Smith, ward, by Janet Doe, conservator".</p> <p>Have the bank manager fill out the Proof of Restricted Account after opening the account.</p> <p>File the completed form with the Court.</p>
<p><b>19.</b></p>	<p><b>Figure out your deadlines to file the Guardian's Report and/or Conservator's Accounting</b></p> <p>These are due some months after you're appointed and then once a year after that. The Order Appointing a Guardian and/or Conservator lists your deadlines and where to find these forms.</p>

# THE SUPERIOR COURT OF COCONINO COUNTY, ARIZONA

## Guardian/Conservator **Cover Sheet**

Please provide the following information. (Type or Print)

CASE NUMBER GC-

<b>PETITIONER'S INFORMATION</b> d.o.b.: _____ Name(s): _____ Mailing Address: _____ City/State/Zip: _____ Phone: _____	<b>MINOR/WARD INFORMATION</b> Name: _____ Mailing Address: _____ City/State/Zip: _____ Date of Birth: _____ (List additional on reverse side)
<b>PETITIONER'S ATTORNEY INFORMATION</b> Name: _____ Mailing Address: _____ City/State/Zip: _____ Phone: _____ State Bar No.: _____	<b>FEES</b> <input type="checkbox"/> PAID <input type="checkbox"/> DEFERRED <input type="checkbox"/> WAIVED <input type="checkbox"/> POLITICAL SUBDIVISION/GOVERNMENT AGENCY

**TYPE OF ACTION:** Place an "X" next to ONE description below which best describes the type of case.

### CONSERVATOR

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Protected Person

### GUARDIANSHIP

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Protected Person

### GUARDIANSHIP/CONSERVATOR COMBINATION

\_\_\_\_\_ Minor  
\_\_\_\_\_ Adult Protected Person

### OTHER COURT CASES:

Has the person you want guardianship/conservatorship over ever been involved in another court case? ☐ Yes ☐ No

If Yes:

Court Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

Court Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_



## **PROBATE INFORMATION FORM**

### **Petitioner:**

NAME: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State Issuing License: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

NAME: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State Issuing License: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### **Ward:**

WARD 1's Name: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

WARD 2's Name: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

WARD 3's Name: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Mailing Address:: \_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
☐ An Adult ☐ A Minor

**NOTICE OF COMPLETING  
TRAINING FOR GUARDIANS  
AND/OR CONSERVATORS**

I have completed this training:

☐ Guardianship                      Date Completed: \_\_\_\_\_

☐ Conservatorship                      Date Completed: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian/Conservator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Guardian/Conservator's Signature: \_\_\_\_\_

*Fill out a separate Affidavit for each proposed guardian and/or conservator.*

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: \_\_\_\_\_

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
[ ] An Adult [ ] A Minor

**AFFIDAVIT OF PERSON TO BE**  
**APPOINTED GUARDIAN AND/OR**  
**CONSERVATOR**  
**A.R.S. §14-5106**

***INSTRUCTIONS:*** As required by Arizona law A.R.S. §14-5106, indicate whether statements 1-11 below are true or false, and provide the information requested to complete “12” and “13”. Explain any “false” statements on separate page(s) and attach to this document before filing. Sign the document in the presence of a Clerk of Court or a Notary Public, and file along with the Petition for Appointment of Guardian and/or Conservator.

**UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:**

1. ☐ True or ☐ False. I have not been convicted of a felony in any jurisdiction.
2. ☐ True or ☐ False. I have not acted as a guardian or conservator for another person for at least three years before I filed this Petition.
3. ☐ True or ☐ False. I know and understand the powers and duties I would have as a guardian and/or conservator.
4. ☐ True or ☐ False. I have not had a power of attorney for anyone for at least three years before I filed this Petition.
5. ☐ True or ☐ False. To the best of my knowledge, neither I nor any business in which I have an interest is listed in the Elder Abuse Registry at the Office of the Arizona Attorney General.
6. ☐ True or ☐ False. If I have been a guardian/conservator before, I either filed the required documents on time, or within 3 months of receiving a notice from the court that the report/accounting was due.
7. ☐ True or ☐ False. I have never been removed by the court as a guardian or conservator.

8. ☐ True or ☐ False. Neither I nor any business in which I have an interest has ever received anything of value greater than a total of one hundred dollars in any one year by gift, or will, or inheritance from an individual or the estate of an individual to whom I was not related by blood or marriage and for whom I served at any time as guardian, conservator, trustee, or attorney-in-fact.
9. ☐ True or ☐ False. To the best of my knowledge, neither I nor any business in which I have an interest is named as a personal representative, trustee, devisee (beneficiary of a will), or other type of beneficiary for any individual to whom I am not related by blood or marriage and for whom I have ever served as guardian, conservator, trustee, or attorney-in-fact.
10. ☐ True or ☐ False. I have no interest in any business that provides housing, health care, nursing care, residential care, assisted living, home health services, or comfort care services to any individual.

(Explain every "false" above on separate pages(s) and attach to this document before filing.)

**My relationship to the proposed person in need of protection is:**

(Examples: parent/grandparent/sister/caregiver/friend)

**I met the proposed ward under the following circumstances:**

**OATH OR AFFIRMATION OF THE PERSON TO BE APPOINTED GUARDIAN AND/OR CONSERVATOR:** I swear or affirm that I have read and understand the contents of this document, and that the information I have provided is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

***IF YOU ANSWERED "FALSE" TO ANY QUESTION ABOVE: YOU MUST ATTACH AN EXPLANATION AS ISTRUCTED ON THE NEXT PAGE. The page following is an instruction page only. Do NOT file it with the Court.***

**Do not file this instruction sheet with the Court**

**EXPLANATIONS THAT MUST BE ADDED TO THE AFFIDAVIT OF A PERSON WHO  
WANTS TO BE APPOINTED GUARDIAN OR CONSERVATOR**

**(Required by Arizona Law: A. R. S. §14-5106)**

For any corresponding numbered statement on the Affidavit which you marked “False”, explain the following on a separate page or pages and attach to your Affidavit. The information provided in the attachment is covered by the same oath or affirmation and penalty of perjury as the Affidavit.

**FILE THE EXPLANATIONS WITH THE AFFIDAVIT, BUT DO NOT FILE THIS PAGE.**

1. As to each felony for which you have been convicted, list:
  - a. The nature of the offense.
  - b. The name and address of the sentencing court.
  - c. The case number.
  - d. The date of conviction.
  - e. The terms of the sentence.
  - f. The name and telephone number of any current probation or parole officer.
  - g. The reasons why the conviction should not disqualify you from appointment.
2. If you have acted as guardian or conservator within three years before filing this petition, list:
  - a. The names of individuals for whom you are currently serving, and court case numbers.
  - b. The names of individuals for whom your appointment has been terminated within the three-year period, and the court case numbers.
3. State the total number of persons for whom you have served as a guardian or conservator. If you have acted under a power of attorney for the proposed ward/protected person, explain:
  - a. The date the power of attorney was signed.
  - b. The place where it was signed.
  - c. The actions you have taken pursuant to the power of attorney.
  - d. Whether the power of attorney is currently in effect.
4. If you do not have the required information, please explain how you intend to obtain this information.
5. State the reason for such listing on Elder Abuse Registry and the name of any business in which you have an interest that is listed on the Registry.
6. List the name and location of the court and the name and case number of the files in which you were delinquent in filing the required report.
7. List the name and location of the court, the name and case number of each file, and the circumstances of your removal.
8. State the number of occasions on which you and/or any business in which you have an interest received such gifts, list and describe the gifts, the dates received, and list the value of each.
9. State the number of occasions on which you or any business in which you have an interest have been named as a personal representative, trustee, or other type beneficiary listed.
10. List the name and address of each business and the extent and nature of your interest.

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC \_\_\_\_\_

**PETITION FOR:**

- ☐ GUARDIANSHIP ONLY  
☐ CONSERVATORSHIP ONLY  
☐ GUARDIANSHIP AND  
CONSERVATORSHIP

\_\_\_\_\_  
an Adult

**The Proposed Ward:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
The proposed ward lives in Coconino County.

**The Proposed Guardian And/Or Conservator:**

Proposed Guardian's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to the Proposed Ward: \_\_\_\_\_  
Proposed Co-Guardian's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to the Proposed Ward: \_\_\_\_\_

**Guardianship And/Or Conservatorship:**

- ☐ The proposed ward does not currently have a guardian or conservator.  
☐ The proposed ward is currently a minor, and I am the ward's guardian and/or conservator.  
Hearings are set in that case on these dates: \_\_\_\_\_

No proceeding to appoint a guardian or conservator for the ward is pending in another court. An Affidavit of each Person to Be Appointed Guardian and/or Conservator is filed with this Petition.

**A guardian should be appointed because:**

The proposed ward is incapacitated for the reasons below, and guardianship is needed to provide for their needs, which can't be met by less restrictive means, including technological assistance.

- ☐ Mental illness, deficiency, or disorder      ☐ Chronic drug use or intoxication  
☐ Physical illness or disability      ☐ Other: \_\_\_\_\_

**General or Limited Guardianship:**

The authority granted to the guardian may include the authority to withhold or withdraw life sustaining treatment, including artificial food and fluid.

- ☐ General Guardianship: Other alternatives have been explored, and a limited guardianship is not appropriate because of the extent of the proposed ward's incapacity.  
☐ Limited Guardianship: I ask for only the following rights and/or responsibilities:  
    ☐ Custody of the ward  
    ☐ Responsibility for the ward's personal needs, including food, clothing, and shelter  
    ☐ Responsibility for the ward's educational, social, and religious activities  
    ☐ Responsibility for the ward's medical needs  
    ☐ Other: \_\_\_\_\_

**Driving Privileges:**

Should the proposed ward's right to obtain or retain a driver's license be suspended?

- ☐ Yes   ☐ No

**Voting Rights:**

Should the proposed ward's right to vote be suspended?

- ☐ Yes   ☐ No

**A conservator should be appointed because:**

- ☐ The proposed ward has property that will be wasted without a conservator.  
☐ Protection is necessary or desireable to obtain or provide funds needed for the support, care, and welfare of the proposed ward or those entitled to be supported by them.

**The proposed ward can't manage their estate and affairs effectively because of:**

- ☐ Mental illness, deficiency, or disorder  
☐ Physical illness or disability  
☐ Chronic drug use or intoxication  
☐ Confinement  
☐ Other: \_\_\_\_\_

**The proposed guardian and/or conservator should be appointed because they:**

- ☐ Were chosen by the proposed ward
- ☐ Were chosen in the proposed ward's most recent durable power of attorney
- ☐ Are the proposed ward's spouse
- ☐ Are the proposed ward's adult child
- ☐ Are the proposed ward's parent
- ☐ Were chosen as conservator by a deceased parent's will
- ☐ Are the proposed ward's relative and has lived with the proposed ward for at least six months before filing this Petition
- ☐ Were chosen by someone caring for or paying benefits for the proposed ward
- ☐ Were given legal decision-making authority over the ward by a court when the ward was a minor.  
Name of that court: \_\_\_\_\_ Case number: \_\_\_\_\_  
A copy of the court order is attached.  
The ward turned 18 ☐ less than two years ago or ☐ more than two years ago.
- ☐ Other: \_\_\_\_\_

**I'm interested in the proposed ward's welfare because:**

\_\_\_\_\_

**Appointment Of An Attorney And Health Professional:**

**The Proposed Ward's Attorney:**

*(complete this section if the proposed ward has an attorney):*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Health Professional:**

*(In all guardianship and some conservatorship cases, the court will appoint a health professional to examine the proposed ward and report to the court. You must pay the health professional for this. If there's a health professional you prefer, you can list them here. If you're asking for inpatient mental health care authority, it must be a psychologist or psychiatrist.)*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_



**People Entitled To Notice:**

*List the proposed ward; their living parent; their spouse; their children over 17; each person having care or custody of them; each person who filed a demand for notice; and, if you can locate no parent, spouse, or child over 17, their closest adult relative.*

	Name	Street Address	City, State, Zip Code
The proposed ward:			
Their living parents:			
Their spouse:			
Their adult children:			
People having care or custody of them:			
People who filed a demand for notice:			
Their closest adult relative:			

**The Proposed Ward's Assets:**

- ☐ The proposed ward has no substantial assets or income.  
☐ The proposed ward has the following assets or income.

**Property:**

Estimated Fair  
Market Value

Cash (checking, savings, certificates of deposit, etc.) \$ \_\_\_\_\_  
Marketable securities (stocks, bonds, brokerage accounts, etc.) \$ \_\_\_\_\_  
Other Personal Property (cars, etc.) \$ \_\_\_\_\_  
Real Property (land and buildings) \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

**Annual Income (including compensation, insurance, or allowance):**

Social Security \$ \_\_\_\_\_  
Pensions \$ \_\_\_\_\_  
Dividends \$ \_\_\_\_\_  
Trust Income \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

**I Ask for These Orders:**

Appoint a health professional to examine the proposed ward. Appoint an investigator to report to the court. Appoint Petitioner guardian and/or conservator of the proposed ward. Make any other orders in the proposed ward's best interest.

- [ ] Appoint an attorney to represent the proposed ward (*check the box if the ward does not already have an attorney*).
- [ ] Grant Petitioner inpatient mental health care authority.

I have read this Petition, and it is true and complete to the best of my knowledge.

Proposed Guardian's Signature: \_\_\_\_\_

State of Arizona )  
 )  
County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal: Notary Public: \_\_\_\_\_  
Notary Expiration Date: \_\_\_\_\_

I have read this Petition, and it is true and complete to the best of my knowledge.

Proposed Co-Guardian's Signature: \_\_\_\_\_

State of Arizona )  
 )  
County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal: Notary Public: \_\_\_\_\_  
Notary Expiration Date: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship  
and/or Conservatorship of:

Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
[ ] An Adult [ ] A Minor

**NOTICE OF HEARING**

*Leave the rest of the form blank. This is for the court to fill in.*

WARNING: This is a legal notice; your rights may be affected.

A Petition for Guardianship and/or Conservatorship has been filed. The Court has scheduled a hearing to consider the Petition.

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Judge: \_\_\_\_\_ Division: \_\_\_\_\_  
in the Coconino County Courthouse, 200 N. San Francisco St., Flagstaff

If you wish to object to the Petition, you must 1) appear at the hearing and/or 2) file a written response and mail a copy to all interested parties at least three business days before the hearing.

If you know in advance that you can't attend the hearing on the date scheduled, you may ask the court to reschedule, or "continue", the hearing. Asking for a continuance involves multiple steps and deadlines that the court will expect you to know and follow. See the Self-Help Center packet *Moving a Court Date to a Later Date*.

Date: \_\_\_\_\_ Superior Court Judge: \_\_\_\_\_

## **PETITIONER'S INFORMATION SHEET TO COURT INVESTIGATOR**

Case Number: GC \_\_\_\_\_

### **ABOUT THE PROPOSED WARD:**

Name: \_\_\_\_\_  
Present Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Daytime Location: \_\_\_\_\_  
Spouse's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Language person speaks, or other information about communication barriers: \_\_\_\_\_

Has the person served in the military? [ ] Yes [ ] No

### **ABOUT THE PROPOSED GUARDIAN AND/OR CONSERVATOR:**

NAME: \_\_\_\_\_ SSN/State ID Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Relationship to Proposed Ward: \_\_\_\_\_  
NAME: \_\_\_\_\_ SSN/State ID Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Relationship to Proposed Ward: \_\_\_\_\_

### **ABOUT THE COURT-APPOINTED PHYSICIAN** *(complete this section if you listed a health professional on the Petition):*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### **ABOUT PETITIONER'S ATTORNEY** *(complete this section if you have an attorney):*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### **For Court Use Only:**

Date and Time of Hearing: \_\_\_\_\_  
Commissioner: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC \_\_\_\_\_

**ORDER APPOINTING ATTORNEY,  
HEALTH PROFESSIONAL, AND  
COURT INVESTIGATOR**

\_\_\_\_\_  
An Adult

Pursuant to the request to appoint an attorney, health professional, and court investigator in the Petition for Guardianship and/or Conservatorship of an Adult, the court orders the following:

**Health Professional** *(complete this section if you listed a health professional on the Petition):*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Health Professional is a: ☐ physician ☐ registered nurse ☐ psychologist ☐ psychiatrist  
is appointed to examine the proposed ward and give a written report to the Petitioner.

**The proposed guardian/conservator must file a Health Professional's Report before the hearing.**  
See the Instructions in your self-help packet for details.

*Leave the rest of the form blank. This is for the court to fill in.*

**Attorney's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

is appointed to represent the proposed ward in this case and attend the hearing.

**Court Investigator's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

is appointed to interview the proposed ward, file a written report with this court at least 10 days before the hearing, and give a copy of the report to the proposed ward's attorney and Petitioner.

Among other powers and duties, Arizona law gives investigators the authority, in conducting interviews, to examine any court record, medical record, or financial record that relates to the investigation.

**Hearing Date:** \_\_\_\_\_

Dated: \_\_\_\_\_

Superior Court Judge: \_\_\_\_\_

Before filling this out, **photocopy the blank form** to take to the hearing.

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC\_\_\_\_\_

**ORDER APPOINTING:**

☐ **A GUARDIAN ONLY**  
☐ **A CONSERVATOR ONLY**  
☐ **A GUARDIAN AND CONSERVATOR**

\_\_\_\_\_  
an Adult

**AFTER HEARING, THE COURT FINDS:**

Venue in this county is proper. Notice of Hearing has been given. No proceeding to appoint a guardian or conservator for the ward is pending in another court.

- ☐ The ward does not currently have a guardian or conservator.
- ☐ When the Petition for Guardianship and/or Conservatorship of an Adult was filed, the ward was a minor and the proposed guardian and/or conservator was the minor ward's guardian and/or conservator.
- ☐ **Guardianship:** The ward is incapacitated and needs a guardian to provide for their demonstrated needs, which cannot be met by less restrictive means, including technological assistance. Petitioner is qualified to serve as the ward's guardian.
- ☐ The only reason the ward needs a guardian is because the ward is *physically* incapacitated.
- ☐ **Conservatorship:** The ward needs a conservator because they are unable to manage their property and affairs effectively due to mental illness, deficiency, or disorder; physical illness or disability; chronic drug use or intoxication; confinement; detention by a foreign power;

or disappearance, and the property will be wasted or used up without proper management, and/or protection is necessary or desirable to obtain or provide funds needed for the support, care, and welfare of the ward or those entitled to be supported by them. Petitioner is qualified to serve as the ward's conservator.

## THE COURT ORDERS:

### Appointment of Guardian and/or Conservator:

\_\_\_\_\_ Appointed As: ☐ Guardian ☐ Conservator

### Orders to the Guardian:

#### 1. Type of Guardianship:

- ☐ General: The extent of the ward's incapacity necessitates a general guardianship.
- ☐ Limited: Only the following specific powers are granted:
  - ☐ Custody of the ward
  - ☐ Responsibility for the ward's personal needs, including food, clothing, and shelter
  - ☐ Responsibility for the ward's educational, social, and religious activities
  - ☐ Responsibility for the ward's medical needs
  - ☐ Other: \_\_\_\_\_

#### 2. Mental Health Care: The guardian may consent to the ward's outpatient mental health care and treatment.

- ☐ The court finds by clear and convincing evidence that the ward requires inpatient care. The guardian may place the ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires in one year.

*Leave the rest of the form blank. This is for the court to fill in.*

#### 3. Driving Privileges:

The ward's right to obtain or retain a driver's license ☐ is or ☐ is not suspended.

#### 4. Voting Rights:

The ward's right to vote ☐ is or ☐ is not suspended.

### Orders to the Conservator:

#### 1. Inventory and Appraisal: Within 90 days, the conservator must file with the court a detailed inventory of the ward's assets, indicating fair market value.

#### 2. ☐ Conservatorship Estate Budget: If this box is checked, within 90 days, the conservator must file with the court a Conservatorship Estate Budget. The form is online at <http://tinyurl.com/al7pvdw>.

**3. Restricted Account:**

- ☐ The account is to be restricted, and the depository shall permit no withdrawal of principal or interest except upon receipt of a certified copy of an order of this court authorizing it. **Within 30 days**, proof that the restricted account was established must be filed.

**Bond:** The guardian and/or conservator must file a bond in the amount of \$ \_\_\_\_\_

**Issuance of Letters:** The Clerk of Court shall issue the Letters of Guardianship and/or Conservatorship with the following restrictions:

- ☐ The following real property shall not be sold, transferred, or encumbered without prior court approval: \_\_\_\_\_
- ☐ The following accounts shall be restricted: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Acceptance of Letters:** The guardian and/or conservator shall sign and file the Acceptance of the Letters **within 5 days**.

**Change of Address:** The guardian and/or conservator shall notify the court in writing immediately of a change in a guardian's, conservator's, or ward's address or phone number.

**Criminal Offenses:** The guardian and/or conservator shall notify the court in writing immediately if they are charged with or convicted of a criminal offense, other than a civil traffic violation.

**Other Duties under Law:** The duties of the guardian and/or conservator as required by Arizona law and set forth in this Order and the Order to Guardian and/or Conservator shall continue until an order of this court discharges the guardian and/or conservator.

**Discharge of Attorney:** The court-appointed attorney ☐ is or ☐ is not discharged from further duties in this matter. The attorney may file a request for payment within 10 days.

**Court-Appointed Investigator:** The investigator may file a request for payment within 10 days.

**Report and Accounting:** The guardian shall file a Guardian's Report and the conservator shall file a Conservator's Accounting with the court annually. A hearing is set on the non-appearance calendar for \_\_\_\_\_. If the guardian and/or conservator 1) files the Report and/or Accounting and Notice of Hearing **at least 21 days before the hearing** and 2) mails or hand-delivers a copy of it to each person entitled to notice, the guardian and/or conservator need not appear at the hearing.

A *Guardian's Report* packet is at the Law Library (in the Courthouse or online at <http://coconino.az.gov/lawlibrary>).



For the Conservator's Accounting, the conservator shall use:

- [ ] The *Conservator's Accounting* packet at the Law Library (in the Courthouse or online at <http://coconino.az.gov/lawlibrary>).
- [ ] Form 6 at <http://tinyurl.com/anp9fcd> for the first annual accounting and Form 7 at <http://tinyurl.com/bxlcoep> for the annual accountings after that (regular accounting).
- [ ] Form 9 at <http://tinyurl.com/bhkf9zh> (simplified accounting).

Date: \_\_\_\_\_

Superior Court Judge: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
☐ An Adult ☐ A Minor

**ORDER TO GUARDIAN AND/OR  
CONSERVATOR AND  
ACKNOWLEDGMENT**

**Your guardianship and/or conservatorship is not effective until the Clerk of Court issues your Letters of Appointment.**

The court is greatly concerned with the ward's welfare and best interest. By accepting appointment as guardian and/or conservator, you have subjected yourself to the court's power and supervision. Therefore, to help avoid problems and assist you in performing your duties, this order is entered. You are required to be guided by it and comply with its provisions as it relates to your duties as guardian and/or conservator as follows:

**GUARDIANS:**

1. You have powers and responsibilities similar to those of a parent of a minor child, except you are not legally obligated to contribute to the ward's support from your own funds.
2. Unless the order appointing you provides otherwise, your duties and responsibilities include but are not limited to making appropriate arrangements to meet the ward's personal needs, such as food, clothing, and shelter.
3. You are responsible for making decisions concerning the ward's educational, social, and religious activities. If a ward is over 13, you must take into account their preferences to the extent you know them or can discover them with a reasonable effort.
4. You are responsible for making decisions concerning the ward's medical needs, including but not limited to deciding to place a ward in a nursing home or other health care facility and employing health professionals to provide for the ward's health care needs. However, you are to use the least restrictive means and environment available that meets the ward's needs.
5. You may arrange for medical care to be provided even if the ward does not wish to have it. **But you may not place your ward in a level one behavioral health facility against your ward's will unless the Court specifically has authorized you to consent to such placement.**

6. If you handle any of the ward's money or property, you must do each of the following.
  - a. Care for and protect the ward's personal effects.
  - b. Apply any monies you receive for the ward's current support, care, and educational needs.
  - c. Maintain the ward's funds in a separate account, distinct from your own and identified as belonging to the ward.
  - d. Maintain records of all the ward's property received and expended during the guardianship.
  - e. Account to the ward or their successors at the termination of the guardianship, if requested.
  - f. Not purchase, lease, borrow, or use the ward's property or money for your or anyone else's benefit without prior court approval.
7. You shall not accept any kind of remuneration for placing a ward in a particular nursing home or other care facility or using a certain doctor or lawyer. "Remuneration" includes but is not limited to direct or indirect payments of money, "kickbacks", gifts, favors, and other kinds of personal benefits.
8. You are required to report to the court annually, in writing, with respect to the ward's residence and physical and mental health and whether guardianship is still needed. Your Guardian's Annual Report is due each year on the anniversary date of your appointment.
9. If your ward's physical address changes, you shall notify the Court by updating the Probate Information Form within three days of learning of the change. If your ward dies, you shall notify the Court in writing of the ward's death within 10 days of learning that the ward has died.
10. You must be conscious at all times of the ward's needs and best interest. If the circumstances that made the guardianship necessary should end, you are responsible for petitioning to terminate it and be discharged from your responsibilities as guardian. Even if the guardianship should terminate by operation of law, you will not be discharged without an order from this court discharging you.
11. If you have any questions about the meaning of this Order or the duties that it and Arizona law impose on you, you should consult an attorney or petition the court for instructions.
12. If you are not a certified fiduciary and are not related by blood or marriage to the ward, you are not entitled to compensation for your services as the ward's guardian and conservator. See A.R.S. §14-5651(K) (1).
13. If the ward is an adult: You shall encourage and allow contact between the ward and other persons who have a significant relationship with the ward. You may limit, restrict, or prohibit contact between the ward and any person if you reasonably believe that the contact will be detrimental to the ward's health, safety, or welfare. You shall consider the ward's wishes if the ward has sufficient mental capacity to make an intelligent choice.
14. If the ward is an adult: You shall notify the ward's family members if the ward dies or is admitted to a hospital for more than three days. Notification of the ward's death shall include information about any known funeral arrangements and the place of burial. "Family members" means the ward's spouse, parents, adult siblings, and adult children. If none of those people can be notified, you shall notify at least one of the ward's closest adult relatives, if you can find one, or a person with a significant relationship to the ward. You shall also notify any person who has filed a demand for notice.

**If you have been granted authority to consent to the ward's inpatient mental health treatment, the following additional duties and obligations apply:**

1. You are additionally responsible for making decisions concerning the ward's mental health needs, including deciding to place the ward in a mental health treatment facility.

2. The court has granted you authority to place the ward in a level one mental health treatment facility for inpatient mental health treatment. This means you may admit a ward for inpatient mental health treatment. With that authority goes certain legal responsibilities which include:
  - a. You must seek the advice and assistance of qualified mental health professionals in determining the ward's needs for care and treatment, the degree of rehabilitation possible, and the best possible placement for the wards.
  - b. You must choose the care and treatment most suited to the wards, taking into account their needs and preferences, which will let them achieve the maximum possible rehabilitation or recovery.
  - c. In making placement decisions, you must first seek alternatives to hospitalization. Your first preference should be allowing the ward to live at home with family or friends, and your second preference should be placing the ward in a mental health treatment facility close to home in an environment less restrictive than a hospital. Inpatient hospitalization should be your last resort.
  - d. Within 48 hours after placing a ward in an inpatient treatment facility, you must give notice of this action to the ward's attorney.
  - e. The inpatient behavioral health treatment facility is required to assess the appropriateness of the ward's placement in the facility every 30 days and provide a copy of the assessment report to the ward's attorney. You need to assure that this assessment is completed on time and mailed to the ward's attorney.
  - f. When a ward is admitted to a level one behavioral health treatment facility, you must provide the facility with the ward's attorney's name, address, and phone number. The facility shall include this information in the ward's treatment record.
  - g. You must place the ward in the least restrictive treatment alternative within ten days after the medical director of the inpatient facility notifies you that the ward no longer needs inpatient care. If you cannot arrange alternative placement within that time after discussion with the medical director, or if you and the medical director disagree about the feasibility or availability of alternative placement, you, the medical director, or both of you may ask the court to hold a hearing on the matter. If you request a hearing, the court will set one.
3. **YOUR AUTHORITY TO ADMIT THE WARD TO A LEVEL ONE BEHAVIORAL HEALTH FACILITY FOR INPATIENT MENTAL HEALTH CARE IS LIMITED TO ONE YEAR.** Unless the court orders the continuation of your inpatient mental health treatment authority for another year, your power to admit the ward for inpatient mental health treatment will lapse on the anniversary of your appointment. **If you want the inpatient placement authority to continue, you must file with your Guardian's Report an evaluation report by a psychiatrist or psychologist explaining the ward's current need for inpatient mental health care and treatment.** If no evaluation report is filed or if it states that the ward does not currently need inpatient mental health treatment, your authority to consent to inpatient mental health care will cease. You must send a copy of the Guardian's Report and evaluation report to the ward's attorney. You should file the Guardian's Report and evaluation report at least 30 days before your authority expires.

The ward, through their attorney, has the right to challenge your request to renew your authority to consent to inpatient mental health treatment. Any objection to your request must be filed within ten business days of the filing of your Guardian's Report and evaluation report. The court must hold a hearing within 30 calendar days after it receives the objection. Your inpatient mental health treatment authority continues pending the court's ruling on the issue. At the hearing, you must prove

by clear and convincing evidence that the ward currently needs inpatient mental health care and treatment.

If you are requesting renewal of your authority to consent to inpatient mental health care, in addition to the ward's attorney, you must send a copy of your Guardian's Report and evaluation report to the medical director of the mental health treatment facility or agency responsible for the ward's care and treatment. If the ward is in the Arizona State Hospital, you should send a copy to: Medical Director, Arizona State Hospital, 2500 E. Van Buren, Phoenix, AZ 85008.

**Should your authority to consent to inpatient mental health care cease, you may still consent to psychiatric and psychological care and treatment, including administering psychotropic medications, if the care and treatment take place outside a level one behavioral health facility licensed by the department of health services.**

#### **CONSERVATORS:**

1. Immediately locate and inventory all the ward's assets and arrange for their protection, such as changing the locks on the house, renting a safe deposit box for important documents, etc.
2. Immediately begin taking title to all the ward's property. The property should be titled in the name of the conservatorship: [Your name] as Conservator of the estate of [Ward's name], or [Ward's name] by [your name], Conservator. Do not put the ward's funds into joint accounts, trust accounts ("in trust for"), or payable on death (POD) accounts. Do not list yourself as beneficiary on any of the ward's bank accounts or other assets.
3. If the court has ordered you to place funds in a restricted account, immediately file a receipt from the bank or financial institution showing that you have complied. The receipt should include the financial institution's name and address, the type of account, the account number, and the amount deposited.
4. Record certified copies of your Letters of Guardianship and/or Conservatorship with the county recorder in each county where the ward owns property, in order to protect title to those properties. If the protected person owns property in another state, record the Letters in the county in the state where the property is located as well.
5. File an Inventory of Estate with the court within 90 days after your appointment. If filing without an attorney, put the case name and number on all papers you file with the court.
6. Keep detailed records of all receipts and expenditures you make on the ward's behalf, including bills, receipts, bank statements, tax returns, bills of sale, promissory notes, etc. Open a separate conservatorship checking account for deposit of the ward's income and other receipts and payment of their bills and expenses. Avoid dealing in cash and do not write checks to "cash".
7. Unless the court orders otherwise, establish a budget, pay the ward's debts when they are due, and properly invest their assets. You may hire accountants, attorneys, and other advisors to help you carry out your duties as the size and extent of the conservatorship estate may dictate.
8. Keep detailed records of the time you are spending in identifying, managing and protecting the conservatorship estate in case you later decide to ask the Court to be paid for your time from the conservatorship estate. Rule 33 (A) of the Arizona Rules of Probate Procedure and Arizona Revised Statutes §14-5109 require that you provide written notice of the basis for any claim for compensation.
9. File annual accountings with the Court.

- a. Unless otherwise ordered by the Court, your first accounting must reflect all activity relating to the conservatorship from the date your letters of appointment as conservator, whether temporary or permanent, were first issued through and including the last day of the ninth month after the date your letters of appointment as permanent conservator were issued. The accounting must be filed with the court on or before the first anniversary date of the issuance of your letters of permanent appointment as conservator.
  - b. Unless otherwise ordered by the Court, all subsequent accountings shall reflect all activity relating to the conservatorship estate from the ending date of the most recent previously filed accounting through and including the last date of the twelfth month thereafter, and must be filed with the court on or before the anniversary date of the issuance of your letters of appointment as conservator.
  - c. Each accounting must list all conservatorship property at the beginning of the accounting period and the conservatorship property at the end of the accounting period. It must describe all money and property received or paid out by you during the accounting period. As to money and property received, the accounting must state the date received, the source (who or where it came from), for what purpose, and the amount or value received. As to money and property disbursed (paid out), you must provide the date of each disbursement, who the money or property went to, for what purpose, and the amount or value of the disbursement. With each accounting, you also must submit a bank statement or financial account statement that supports the ending balance of each account shown on the accounting.
10. NEVER use any of the ward's money or property for any reason other than the ward's direct benefit. You may not profit in any way from access to the ward's assets. You have a legal duty of fairness and impartiality to the ward. Neither you, your friends, nor other family members may profit by dealing in the assets of the conservatorship estate. You must be cautious and prudent in investing those assets.
  11. You must make reasonable efforts to determine the preferences of the protected person regarding all decisions the fiduciary is empowered to make. Do not make speculative investments. Do not purchase merchandise or services the ward would consider extravagant or inappropriate for their lifestyle before your appointment. Use the assets to maintain the ward's safety, health, and comfort, bearing in mind they may have no additional sources of income for the remainder of their life.
  12. The conservatorship terminates only upon the entry of a court order terminating the conservatorship. The court will enter such an order only after you, the protected person, or another interested person files a petition requesting the conservatorship be terminated. The petition should be filed if the protected person no longer needs a conservator because his or her disability has ceased, the estate has been exhausted, or the protected person has died. If the protected person is a minor who is not in need of protection as an adult, the petition should be filed when the minor reaches the age of 18. Unless otherwise ordered by the court, before you can be discharged of liability in connection with the conservatorship and before your bond, if any, is released, you will need to either file a final accounting with the court, or if the protected person has died, and unless prohibited by order of the court, you may choose to instead file a verified (notarized) statement, that meets all the requirements of Arizona law, A.R.S. §14-5419.
  13. If you have any questions as to your duties as conservators, contact an attorney who handles conservatorships before taking any action.
  14. WITHIN THIRTY (30) DAYS AFTER YOUR LETTERS OF CONSERVATOR ARE ISSUED, YOU MUST MAIL A COPY OF THIS ORDER TO THE FOLLOWING:

- a. YOUR PROTECTED PERSON;
- b. YOUR PROTECTED PERSON’S ATTORNEY, SPOUSE, PARENTS, AND ADULT CHILDREN;
- c. YOUR PROTECTED PERSON’S GUARDIAN IF ONE HAS BEEN APPOINTED; AND
- d. ANY PERSON WHO HAS FILED A DEMAND FOR NOTICE IN THIS MATTER.

**GUARDIANS AND CONSERVATORS:**

If you should be unable to continue with your duties for any reason, you or your guardian or conservator (if any) must petition the Court to accept your resignation and appoint a successor. If you should die, your personal representative or someone acting on your behalf must advise the Court and petition for appointment of a successor.

This is only an outline of some of your duties as guardian and/or conservator. It is your responsibility to obtain proper legal advice about your duties. Failure to do so may result in personal financial liability for any losses.

**WARNING: FAILURE TO OBEY THIS COURT’S ORDERS AND ARIZONA LAW ON GUARDIANS AND/OR CONSERVATORS MAY RESULT IN YOUR REMOVAL FROM OFFICE AND OTHER PENALTIES. IN SOME CASES, YOU MAY BE HELD IN CONTEMPT OF COURT, PUNISHABLE BY CONFINEMENT IN JAIL, FINE, OR BOTH.**

Date: \_\_\_\_\_ Superior Court Judge: \_\_\_\_\_

**ACKNOWLEDGMENT:** I received a copy of this Order and agree to be bound by its provisions, whether or not I read it before signing, as long as I am guardian and/or conservator.

\_\_\_\_\_  
Guardian/Conservator’s Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Guardian/Conservator’s Signature  
Date: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship  
and/or Conservatorship of:

Case Number: GC \_\_\_\_\_

**LETTERS AND THEIR ACCEPTANCE FOR:**

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
Ward 4: \_\_\_\_\_  
☐ An Adult ☐ A Minor

☐ GUARDIANSHIP ONLY  
☐ CONSERVATORSHIP ONLY  
☐ GUARDIANSHIP AND CONSERVATORSHIP

**ISSUANCE OF LETTERS:**

\_\_\_\_\_ is appointed ☐ guardian and/or ☐ conservator  
of the ward until further order of this court.

*Sign the Acceptance of Letters, but leave the rest of the form blank. This is for the court to fill in.*

The following restrictions apply: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Guardianship of an Adult Only:**

1. ☐ The ward's right to obtain or retain a driver's license is suspended.
2. The guardian may consent to the ward's outpatient mental health care and treatment.
3. ☐ The guardian may place the ward in a level one behavioral health facility for inpatient mental health care and treatment. This authority expires on \_\_\_\_\_

Witness: \_\_\_\_\_

Clerk of the Superior Court

Seal:

By Deputy Clerk: \_\_\_\_\_



**ACCEPTANCE OF LETTERS:**

I accept the duties of a guardian and/or conservator and swear or affirm that I will perform them according to law.

Guardian and/or Conservator: \_\_\_\_\_

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

I accept the duties of a guardian and/or conservator and swear or affirm that I will perform them according to law.

Guardian and/or Conservator: \_\_\_\_\_

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number GC \_\_\_\_\_

\_\_\_\_\_ An Adult

**HEALTH PROFESSIONAL'S REPORT**

***To the Health Professional:** The court has appointed you to examine the client named above to help determine if a guardian should be appointed. Please complete every question on this Report, date and sign it personally, and deliver it to the Petitioner at the address above before (enter the hearing date listed on the Notice of Hearing): \_\_\_\_\_.*

**Diagnosis:** List and describe the client's diagnosis:

**Functional Impairments:**

Impairment	Effects on Client's Decisions or Communication

**Daily Living:** Check the box next to each task the client can perform with minimal or no direction:  
[ ] obtaining food [ ] obtaining housing [ ] living alone [ ] taking medication [ ] paying bills [ ] driving

**Medication:** List all medications the client receives.

Medication	Dosage	Effects on Behavior

**Prognosis:** Describe your prognosis for improvement in the client's condition:

**Rehabilitation:** Describe your recommendation for the most appropriate rehabilitation or care plan:

**Other:** List any other relevant information:

Date: \_\_\_\_\_

Health Professional's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# **INSTRUCTIONS: GIVING NOTICE OF THE HEARING**

<b>1.</b>	<b>Figure out who you have to notify</b>  Notify each person listed under “People Entitled to Notice” on the Petition.
<b>2.</b>	<b>Get your copies together</b>  Here’s what you have to give those people: <ul style="list-style-type: none"><li>• Notice of Hearing signed by the court</li><li>• Petition for Guardianship and/or Conservatorship</li><li>• Each Petitioner’s Affidavit of Person to be Appointed Guardian and/or Conservator, with Attachment if applicable</li></ul>
<b>3.</b>	<b>Decide which notice method to use</b>  For Guardianship of a Minor without Conservatorship: <ul style="list-style-type: none"><li>• If you know where the person lives: Use Mail or Hand-Delivery.</li><li>• If you don’t know where they live: Use Publication.</li></ul> For All Other Cases: <ul style="list-style-type: none"><li>• If the person lives in Arizona: Use Personal Service.</li><li>• If they live outside Arizona: Use Mail or Hand-Delivery.</li><li>• If you don’t know where they live: Use Publication.</li></ul>
<b>4.</b>	<b>Pay attention to your deadline</b>  You must give notice by at least 14 business days before the hearing.
<b>5.</b>	<b>How to do Mail or Hand-Delivery</b>  Mail or hand-deliver the copies to the person being notified.

<p><b>6.</b></p>	<p><b>How to do Personal Service</b></p> <p>Use one of these two methods to “serve” the copies on the person being notified:</p> <p><b>Acceptance of Service:</b> You ask the person to accept your delivery of the forms voluntarily so you don’t have to pay to serve. See the form “Acceptance of Service” in this packet.</p> <p><b>Service by Process Server, Sheriff, or Tribal Law Enforcement:</b> You pay a process server to serve the forms. See the forms and instructions for “Service by Process Server, Sheriff, or Tribal Law Enforcement” in this packet.</p>
<p><b>7.</b></p>	<p><b>How to do Publication</b></p> <p>You pay a newspaper to publish a notice about the case three times before the hearing, with the first publication at least 14 days before the hearing. See the instructions and forms for “Service by Publication” in this packet.</p>

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_

**ACCEPTANCE OF SERVICE**

☐ An Adult ☐ A Minor

***To the person being served:*** Please sign this form in front of a notary and return it to me in the enclosed self-addressed, stamped envelope to save the cost of hiring someone to serve you with the court papers. Signing does not mean you agree with what I'm asking for.

I acknowledge I have voluntarily accepted a copy of the following legal papers.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

I understand that I may appear at the hearing to state my position on the other party's requests and that if I don't appear at the hearing the court might grant those requests without my input.

\_\_\_\_\_  
Signature of Person Accepting Service

Address of Person Accepting Service:  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

# **INSTRUCTIONS: SERVICE BY PROCESS SERVER, SHERIFF, OR TRIBAL LAW ENFORCEMENT**

<b>1.</b>	<p><b>Find a process server, sheriff, or tribal law enforcement officer</b></p> <p>Find a process server or the sheriff in the county where the other party lives.</p> <p>Process servers are in the Yellow Pages.</p> <p>The sheriff is in the government pages of the phonebook. The Coconino County Sheriff's Office is at 911 E. Sawmill Rd., Flagstaff, AZ 86004, 928-774-4523 or (toll-free) 800-338-7888.</p> <p>If the other party lives on an Indian reservation, find a tribally licensed process server in the tribe's phonebook or go through tribal law enforcement.</p>
<b>2.</b>	<p><b>Call the process server, sheriff, or tribal law enforcement officer</b></p> <p>Have your Petition in front of you.</p> <p>Ask these questions.</p> <ul style="list-style-type: none"><li>• How much do you charge for service of process?</li><li>• Do I pay up front, or will you bill me?</li><li>• Do you file the Affidavit of Service with the court and mail me a copy, or do I need to file it myself? (This is the document showing that the other party was served.)</li></ul> <p>If you have a fee waiver or deferral and are using tribal law enforcement or a sheriff's office in a county other than Coconino, also ask:</p> <ul style="list-style-type: none"><li>• Do you accept fee waivers or deferrals from Coconino County? (They're not required to.)</li></ul> <p>You cannot waive or defer the fee for service by process server.</p>



<b>3.</b>	<b>Fill out the Letter: Service By Process Server, Sheriff, Or Tribal Law Enforcement</b>
<b>4.</b>	<p><b>Mail or hand-deliver the following to the process server, sheriff, or tribal law enforcement officer</b></p> <ul style="list-style-type: none"> <li>• Letter: Service by Process Server, Sheriff, or Tribal Law Enforcement</li> <li>• One of the following: <ul style="list-style-type: none"> <li>○ the fee</li> <li>○ a certified copy of the court order waiving or deferring fees</li> </ul> </li> <li>• One copy of each document you listed in the Letter</li> </ul> <p>Keep copies of everything for your records.</p>
<b>5.</b>	<b>Make sure the Affidavit of Service is filed with the court</b>

**LETTER: SERVICE BY PROCESS SERVER, SHERIFF, OR TRIBAL LAW  
ENFORCEMENT**

My Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Sheriff of the County of *(if serving by sheriff)*: \_\_\_\_\_  
Process Server's Name *(if serving by process server)*: \_\_\_\_\_  
Tribal Law Enforcement of *(if serving by tribal law enforcement)*: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Re: Name of Person to Be Served: \_\_\_\_\_  
Court Case Number: \_\_\_\_\_ DO \_\_\_\_\_

To whom it may concern:

Please find enclosed a copy of the following documents to be served on the person named above in the court case referenced above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details about the Other Party:**

During the workday, the other party can usually be found at: ☐ Home ☐ Work ☐ Other

Home Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Work Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Other Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Or other description of location: \_\_\_\_\_

Physical Description:

Sex	Race	Birth	Height	Weight	Eyes	Hair	SSN
Additional Description:							

Description of the Other Party's Vehicle:

Make	Model	Year	Color
Additional Description:			

- ☐ I enclose \$\_\_\_\_\_ in payment for service of process.
- ☐ I understand I will be billed for service of process.
- ☐ I enclose a certified copy of a court order waiving or deferring the fee.

Please note that each document served must be named in the Affidavit of Service.

Thank you for your assistance.

My Signature: \_\_\_\_\_

# **INSTRUCTIONS: SERVICE BY PUBLICATION**

<b>1.</b>	<p><b>Try to find the other party</b></p> <p>You must make a diligent effort to find the other party, including such means as:</p> <ul style="list-style-type: none"><li>• Asking for the other party's whereabouts from his/her co-workers, friends, and relatives</li><li>• Examining phone company records</li><li>• Examining utility company records</li><li>• Examining records kept by the county treasurer</li><li>• Examining records kept by the county recorder or similar agency</li><li>• Employing companies that do computer searches to help you locate the other party if you know the other party's date of birth and/or social security number</li></ul> <p>If you find the party, you must use one of the other service methods.</p>
<b>2.</b>	<p><b>Call the newspaper</b></p> <p>Call the <i>Arizona Daily Sun</i> at 928-556-2280.</p> <ul style="list-style-type: none"><li>• Tell them you need to publish a Notice of Hearing three times before the hearing, with the first publication at least 14 days before the hearing.</li><li>• Ask how much it will cost.</li><li>• Ask them to mail you a publisher's affidavit. (This shows that the publication happened.)</li><li>• Ask them to mail you a copy of the legal notice that gets published. (If they don't provide this service, cut it out of the newspaper yourself.)</li></ul>
<b>3.</b>	<p><b>Fill out the Letter: Service by Publication and mail or hand-deliver it to the newspaper</b></p> <p>Also include:</p> <ul style="list-style-type: none"><li>• The original Letter: Service by Publication</li><li>• A copy of the signed Notice of Hearing</li><li>• One of the following:<ul style="list-style-type: none"><li>○ a check or money order for the cost of publication</li><li>○ a certified copy of the Order from the court waiving the publication costs</li></ul></li></ul> <p>Keep a copy of everything for your records.</p>

<b>4.</b>	<b>After the last date of publication: Fill out the Affidavit of Service by Publication and file it with the court</b>  Attach the original publisher's affidavit and a copy of the notice.
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## **LETTER: SERVICE BY PUBLICATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
  
Date: \_\_\_\_\_

Legal Notices  
*Arizona Daily Sun*  
1751 S. Thompson St.  
Flagstaff, AZ 86001

Re: Case Number GC \_\_\_\_\_

To Whom It May Concern:

I'm enclosing a copy of the Notice of Hearing in the court case referenced above. Please publish a notice about this case three times before (*enter the hearing date*) \_\_\_\_\_, with the first publication before (*enter the date 14 days before the hearing date*) \_\_\_\_\_. I also enclose:

- ☐ a check or money order for \$\_\_\_\_\_ for the cost of the publication.
- ☐ a certified copy of a court order waiving publication costs.

Please call me at the number above to tell me when the first publication will occur. When all three publications have been completed, please send me the original and one copy of the notice and publisher's affidavit.

Sincerely,

My Signature: \_\_\_\_\_

Enclosures

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship  
and/or Conservatorship of:

Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
☐ An Adult ☐ A Minor

**AFFIDAVIT OF SERVICE BY  
PUBLICATION**

Service by publication is the best way to notify the following parties because I don't know where they live: \_\_\_\_\_

I have not mailed them copies of the court forms. As far as I know, they are not in U.S. military service. Here's what I did to try to find them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I had the Notice of Hearing published in the *Arizona Daily Sun* on these dates:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The publisher's affidavit and a copy of the notice as published are attached.

Petitioner's Signature: \_\_\_\_\_

State of Arizona )  
County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_  
Notary Expiration Date: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_  
[ ] An Adult [ ] A Minor

**PROOF OF NOTICE**

I gave copies of the following:

\_\_\_\_\_  
\_\_\_\_\_

or I published the Notice of Hearing, as follows:

	WARD 1	WARD 2	WARD 3
THE WARD			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
THEIR MOTHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
THEIR FATHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
THEIR CLOSEST ADULT RELATIVE			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
THEIR COURT-APPOINTED ATTORNEY			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____



	WARD 1	WARD 2	WARD 3
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
<b>THEIR GUARDIAN AND/OR CONSERVATOR</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
<b>PEOPLE HAVING CARE OR CUSTODY OF THEM</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
<b>PEOPLE WHO FILED A DEMAND FOR NOTICE</b>		<b>THE WARD'S ADULT CHILDREN</b>	
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
<b>THE WARD'S SPOUSE</b>		<b>THE VETERANS' ADMINISTRATION</b>	
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____

I swear or affirm that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Person Filing: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_

**PROOF OF BOND**

Ward 2: \_\_\_\_\_

Ward 3: \_\_\_\_\_

☐ An Adult ☐ A Minor

I've purchased the bond the court ordered. I'm attaching the original receipt, or a copy of the bond, or other proof of bond from the bonding company, showing the amount and details of the bond.

Date: \_\_\_\_\_

Petitioner's Signature: \_\_\_\_\_

Co-Petitioner's Signature: \_\_\_\_\_

Conservator: \_\_\_\_\_  
Co-Conservator: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_  
Ward 2: \_\_\_\_\_  
Ward 3: \_\_\_\_\_

**INVENTORY OF ESTATE**

☐ An Adult ☐ A Minor

On the date the court appointed me conservator, the ward's estate included the following, to the best of my knowledge.

**Summary:**

Fill out this Summary section after you fill out the rest of the form. Enter the totals here as you listed them later on the form.

Total A: Total Non-Property Assets	\$	_____
Total B: Total Property Assets	plus +	\$ _____
Total C: Total Debts	minus -	\$ _____

**Total Value of Estate:** \$ \_\_\_\_\_  
 $A + B - C$

Total D: Total Property Assets Owned Jointly \$ \_\_\_\_\_

**Non-Property Assets:**

	Owned Jointly	Value
Cash:	<input type="checkbox"/>	\$ _____
Bank Accounts and Other Accounts: <i>Enter the bank or institution name and an account description like "savings" or "checking".</i>		
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____

<b>Total A: Total Non-Property Assets:</b>	<b>\$ _____</b>
--	-----------------

**Property Assets:**

	Owned Jointly	Value
Real Estate: <i>Find real estate values on the County Assessor's Notice of Value.</i>		
ADDRESS: _____	<input type="checkbox"/>	\$ _____
Legal Description on the Deed: _____ _____		
ADDRESS: _____	<input type="checkbox"/>	\$ _____
Legal Description on the Deed: _____ _____		
Household Goods: <i>List furniture, jewelry, etc. Have valuable goods appraised.</i>		
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____

	Owed Jointly	Value
Motor Vehicles:		
<i>Find motor vehicle values in the Kelley Blue Book.</i>		
MAKE: _____	<input type="checkbox"/>	\$ _____
Model: _____		
Lienholder: _____		
Last four digits of VIN: _____		
MAKE: _____	<input type="checkbox"/>	\$ _____
Model: _____		
Lienholder: _____		
Last four digits of VIN: _____		
Other Property Assets:		
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____

<b>Total B: Total Property Assets:</b>	\$ _____
--	----------

<b>Total D: Total Property Assets Owned Jointly</b>	\$ _____
<i>Enter the total value of just the assets you checkmarked above as "owned jointly".</i>	

Debts:	Owed Jointly	Amount
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	\$ _____

<b>Total C: Total Debts:</b>	\$ _____
------------------------------	----------

**Joint Assets Or Debts:**

Fill out this section for each asset or debt you checkmarked above as "owned jointly".

The Asset or Debt	Other Owner's Name	Other Owner's Relationship to the Ward
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Debts Owed To The Ward:**

	Debtor's Name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Funds:**

Describe any other fund the ward is a beneficiary to and you do not have access to.

---



---

**Certificate Of Delivery:** I will mail or hand-deliver a copy of this Inventory of Estate to the following on the day I file it.

Enter the name and address of 1) any ward over 13, 2) if the ward lives with a parent or guardian, the parent or guardian, and 3) the ward's attorney if they have one.

	WARD 1	WARD 2	WARD 3
THE WARD OVER 13			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THE WARD'S MOTHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR FATHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR ATTORNEY			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR GUARDIAN			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____

Conservator's Signature: \_\_\_\_\_

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

Co-Conservator's Signature: \_\_\_\_\_

State of Arizona )

)

County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal:

Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

## COCONINO COUNTY SUPERIOR COURT

In the Matter of the Guardianship and/or  
Conservatorship of:

Case Number: GC\_\_\_\_\_

Ward 1: \_\_\_\_\_

Ward 2: \_\_\_\_\_

Ward 3: \_\_\_\_\_

☐ An Adult    ☐ A Minor

**PROOF OF RESTRICTED ACCOUNT**  
**FROM DEPOSITORY OR FINANCIAL**  
**INSTITUTION**

*Leave the rest of the form blank. This is for the depository to fill in.*

Depository Name: \_\_\_\_\_  
Address: \_\_\_\_\_

This depository has opened the following accounts:

"The estate of \_\_\_\_\_, ward, by  
\_\_\_\_\_, conservator":

Type	Account Number	Balance
		\$
		\$
		\$

Each account is restricted. No withdrawal is allowed without a certified court order.

I have received a certified copy of the court order restricting these accounts dated \_\_\_\_\_, and I agree, on the depository's behalf, to comply with it.

Printed Name: \_\_\_\_\_

Manager's Signature\*: \_\_\_\_\_

Title: \_\_\_\_\_

\*Must be signed by a Bank Branch Manager or a Resident Manager for an Investment Securities Dealer.

State of Arizona )  
 )  
County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal: \_\_\_\_\_ Notary Public: \_\_\_\_\_  
 \_\_\_\_\_ Notary Expiration Date: \_\_\_\_\_